

DEPARTMENT OF HEALTH SERVICES

4/744 P STREET
SACRAMENTO, CA 95814



July 24, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-55

SUBJECT: IMPLEMENTATION OF SENATE BILL 2579 (SB2579) (CHAPTER 980, STATUTES OF 1988) BERGESON - DATA PROCESSING CHANGES

REFERENCE: ACWDL 89-30, 89-21

This letter is to provide counties with information necessary for reporting eligibility information to MEDS for SB2579 - Bergeson (185 Percent program), effective July 1, 1989.

The objective of the 185 Percent program is to extend eligibility for medical assistance under Medicaid to all pregnant women and infants whose family income does not exceed 185 percent of the federal poverty level. The 185 Percent program will provide pregnancy related services (including prenatal care, labor, delivery, services for complications of pregnancy, postpartum and family planning) Medi-Cal coverage at no share-of-cost, to otherwise eligible pregnant women. It further provides, at no share-of-cost, full scope Medi-Cal coverage to infants under the age of one year, with the exception of undocumented or temporary visa infants under the age of one year, who are entitled to emergency services only. Infants receiving continuous inpatient medical services which began before the age of one and extend beyond their first birthday, may remain eligible under the 185 Percent program until the end of the continuous inpatient stay.

NEW AID CODES

The Department has established five new aid codes to identify the different categories of pregnant women and infants covered by this program. Aid code 76 (Postpartum) does not apply to 185 Percent program eligibles since 60 day postpartum care is already covered under the 185 Percent program aid code. The five new aid codes designated for the 185 Percent program are listed below:

Pregnant Women

- 44 - Citizen/lawful permanent resident/PRUCOL, conditional status
- 48 - Undocumented status/temporary visa (OBRA-86)
- 49 - IRCA: Pre '82 amnesty or SAWs

Infants Under the Age of One Year

47 - Citizen/lawful permanent resident/PRUCOL/conditional resident

69 - Undocumented status/temporary visa (OBRA-86)

MEDS PROCESSING/STORAGE

Since recipients eligible under one of the 185 Percent program aid codes may also be part of an MC177 share of cost case, MEDS will treat these new aid codes as Special Program aid codes. Eligibility information for these aid codes will be stored in one of the two special program segments which were previously established to accommodate Dialysis, TPN and Postpartum eligibility. The special program segment identifier used for these new aid codes will be PREGNT, the same identifier as is currently used for Postpartum.

COUNTY REPORTING TO MEDS

A. Transactions

As with other special program eligibility, reporting of 185 Percent program eligibility information is limited to certain transaction codes, specifically EW16, EW20, EW30 and EW40. The 185 Percent program aid codes may also be reported on EW10 and EW11 to report MEDS-ID changes or to correct MEDS when more than one record exists for the same individual. The EW16 and EW11 are online transactions only. All other transactions may be submitted either batch or online. As a reminder, when special program aid codes are entered on an EW30, all aid codes on the EW30 must be the same.

B. Edits

MEDS edits consider all of the 185 Percent program aid codes to be no share of cost, no post eligibility allowed and acceptable for up to three months of pre-eligibility. MEDS edits also require that sex be female for aid codes 44, 48 and 49.

Currently MEDS edits issue an error message on the online EW16 when MEDS has an unmet MC177 share of cost for the requested month. The error message indicates that the aid code is not an SOC aid code but there is a share of cost present. Until this problem is corrected, entry of an asterisk in the SOC-AMOUNT field on the EW16 will override the error message and allow the ID card to be issued.

C. New ESACs

Two new ESACs have been defined for use in reporting exception eligibility for infants over one year of age who are eligible because of their continuing inpatient status. ESAC 4 is used for reporting ongoing eligibility (with no

termination date) and ESAC 9 is used for reporting a closed period of eligibility (eligibility with a termination date or reported on an EW16 or in an EW30 history field). If a county is reporting 185 Percent program eligibility which begins prior to one year of age and continues past one year, the eligibility period beginning at one year and one month of age must be reported with one of the special ESACs and the earlier eligibility must be reported with a regular ESAC (i.e., 1, 2, 3, 6, 7 or 8). If an incorrect ESAC is used one of the following messages will be issued (the first two are online messages and the second two are batch messages):

P224 SPECIAL ESAC REQUIRED FOR AID-CODE OR AID CODE/AGE

P225 SPECIAL ESAC NOT ALLOWED FOR AID-CODE OR AID CODE/AGE

1079 SPECIAL ESAC NOT ALLOWED FOR AID-CODE OR AID CODE AND AGE

1080 SPECIAL ESAC REQUIRED FOR AID-CODE OR AID-CODE AND AGE

D. Minor Consent

In order to allow issuance of 185 Percent program ID cards to pregnant minors who apply for Minor Consent Services, the EW16 has been revised to accept Minor Consent Services values in the Sensitive Services Code field (SEN-SERV-CD). All of the existing rules for reporting Minor Consent Services eligibility (e.g., the MEDS-ID must be a pseudo) apply to these recipients.

E. Pseudo Numbers

When special program eligibility is first reported to MEDS for a recipient who does not have a Social Security Number, there is a potential for two records to be established on MEDS if the recipient is already known to MEDS. The establishment of two records can be avoided if either: 1) the serial, FBU and person number match a County-ID previously reported to MEDS by the county; 2) the initial eligibility is reported online and the pseudo MEDS-ID is included on the transaction; or 3) the county EDP system can report in the Alternate County ID field (data element 9005) a County ID previously reported to MEDS.

MEDI-CAL CARD ISSUANCE

Medi-Cal ID card issuance for the 185 Percent program eligibles will be the same as for other special program eligibles. MEDS will automatically issue an ID card when a recipient has ongoing eligibility at Renewal or when eligibility is reported and an ID card has not previously been issued for a particular month.

If an immediate need ID card is requested via an EW16 and the recipient already has regular full scope Medi-Cal eligibility on MEDS for that month, MEDS will issue an online error message indicating that a special program ID card is inappropriate and that a regular ID card should be requested via an EW15 or EW45.

Pregnant minors identified on an EW16 as minor consent eligibles will receive an ID card with the minor consent message which corresponds to the Minor Consent Services code reported on the EW16. All other pregnant women will receive an ID card with the message "FOR PREGNANCY-RELATED AND POSTPARTUM SERVICES ONLY". Infants reported with aid code 69 will receive an ID card with the message "FOR EMERGENCY SERVICES ONLY". Infants reported with aid code 47 will receive a regular ID card with no message. Samples of the online and batch Medi-Cal ID cards for the 185 Percent program are enclosed.

RENEWAL ALERTS

Sometime within the next several months, Renewal edits and messages will be added to MEDS for the 185 Percent program eligibles.

A. Pregnancy Reverification Alert

Pregnant women will be eligible for the duration of pregnancy and eligibility will continue through the sixty day period beginning on the last day of pregnancy and will end on the last day of the month in which the 60th day occurs following birth or abortion. Medi-Cal Eligibility Data System (MEDS) Renewal will issue an optional county eligibility worker alert after the first continuous twelve months under 185 Percent program eligibility. This alert will remind the counties that the woman may no longer be eligible for this program. The pregnancy alert message will be as follows:

9524 TWELFTH MONTH 185 PERCENT PREGNANCY - VERIFY CONTINUING ELIG

This message appears when a pregnant woman is beginning the first twelfth month of continuous 185 Percent program eligibility and may no longer be eligible for this program. No alerts will be generated in subsequent months.

RESPONSE: Verify continuing eligibility for the 185 Percent program. Terminate if no longer eligible.

B. Infant Reverification Alert

For eligible infants in aid codes 47 and 69, MEDS Renewal will issue two types of county eligibility worker alerts. The first type of alert will be an optional alert which will be issued at the beginning of the eleventh month of the infant's first year and every six months thereafter, if MEDS has no term date. The first infant alert message will be as follows:

All Welfare County Directors
All County Administrative Officers
Page 5

9525 185 PERCENT INFANT WITHIN 2 MONTHS OF EXCEPTION ELIG PERIOD

This message is reported at the beginning of the infants eleventh month of age and every six months thereafter for aid codes 47 and 69. It is a reminder that a notice of action should be sent and that a termination action should be initiated at the end of the month in which the infant's first birthday occurs and every six months thereafter, unless the infant remains in continuing inpatient care.

RESPONSE: Initiate appropriate action to terminate or continue infant eligibility.

C. Infant Termination Alert

The second type of alert message will be issued at the beginning of the thirteenth month and every six months thereafter (unless the record has already been terminated or pending eligibility was reported for the upcoming month), to inform the county that the infant's eligibility has been terminated on MEDS. If Bergeson eligibility is re-established after the thirteenth month, this alert will be generated again at six month intervals. The second infant alert message will be as follows:

9526 185 PERCENT INFANT ELIG TERMINATED - CHECK FOR EXCEPTION ELIG

This message appears when a Bergeson infant shows continuing eligibility past the end of the thirteenth month or every six months thereafter and the eligibility has not been reconfirmed by the county. MEDS will terminate eligibility pending reconfirmation of eligibility by the county.

RESPONSE: Verify continuing eligibility for Bergeson aid code. If eligibility is to continue, re-establish eligibility on MEDS using the appropriate exception eligibility ESAC.

RECONCILIATION

Until such time as the MEDS Reconciliation process is revised to be able to accommodate overlapping eligibility, any records submitted on a county reconciliation file that contain one of the special program aid codes (44, 47, 48, 49, 69, 71, 72, 73, 74 or 76) will be ignored by the reconciliation process. These same aid codes are bypassed in the process that creates the MEDS reconciliation extract file.

PROVIDER NOTIFICATION

The Department has notified Medi-Cal providers of the restricted emergency and pregnancy related services allowed under the 185 Percent program via the provider bulletin process. An informational copy of the provider bulletin was attached ACWD Letter 89-50.

All County Welfare Directors
All County Administrative Officers
Page 6

Questions regarding the MEDS changes should be directed to your State MEDS liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
MEDS Liaisons

Expiration Date: August 1, 1990

- (A) Batch-issued Medi-Cal cards for recipients with aid codes 44, 48 and 49 will have the message "FOR PREGNANCY RELATED AND POSTPARTUM SVS ONLY" (SVS - services). A sample card is shown below in Figure 1.

VALID: DEC 89 10/16/1964 F	ELIGIBILIT POS37
FOR PREGNANCY-RELATED AND	5007905167 48
POSTPARTUM SVS ONLY	1289P64N000R1
37-48-5007905-1-61.**1**	ELIGIBILIT POS37
POSTPART P ELIGIBILITY	5007905167 48
FIRST ADDRESS LINE	1289P64N000R1
SECOND ADDRESS LINE	ELIGIBILIT POS37
CITY CA 95814	5007905167 48
MEDSID 500790516	1289P64N000R1
*101 1234	ELIGIBILIT POS37
SOC: 0000 O/C:N	5007905167 48
F015	1289P64N000R1
	ELIGIBILIT POS37
	5007905167 48
	1289P64N000R1

INSTRUCTIONS: MEDICAL SERVICES ARE PROVIDED TO ELIGIBLE RECIPIENTS OF THIS PROGRAM. SERVICES ARE PROVIDED TO RECIPIENTS OF THIS PROGRAM. RECIPIENTS OF THIS PROGRAM ARE ELIGIBLE TO RECEIVE MEDICAL SERVICES. RECIPIENTS OF THIS PROGRAM ARE ELIGIBLE TO RECEIVE MEDICAL SERVICES.

Figure 1. Sample batch-issued 185 Percent program restricted services Medi-Cal I.D. card.

(B) Batch-issued Medi-Cal cards for recipients with aid code 69 will have the message "FOR EMERGENCY SERVICES ONLY" (SVS - service). A sample is shown in Figure 2.

MEDICAL IDENTIFICATION CARD	
PLEASE SIGN AND DATE THE BACK OF THIS CARD	
VALID: DEC 89 10/16/1989	ELIGIBILIT RES02
FOR EMERGENCY SVS ONLY	1112233331 69
02-69-1234567-8-902**1**	1289P89N000R1
RESTRICTED N ELIGIBILITY	ELIGIBILIT RES02
FIRST ADDRESS LINE	1112233331 69
SECOND ADDRESS LINE	1289P89N000R1
CITY CA 95814	ELIGIBILIT RES02
MEDSID 111223333	1112233331 69
*101 1234	1289P89N000R1
SOC: 0000 O/C:N	ELIGIBILIT RES02
FO15	1112233331 69
	1289P89N000R1

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDICAL CARE PROGRAMS. PROVIDERS THAT PROVIDERS WILL ACCEPT OF SERVICE, QUALITY, AND ROSS-1005 BEFORE MEDICAL CARE. THIS PROGRAMS ARE CONSIDERED TO BE ALL OTHER HEALTH SERVICES OR SERVICES.

Figure 2. Sample batch-issued restricted 185 Percent program services Medi-Cal I.D. card.

- (C) Batch-issued Medi-Cal cards for recipients with aid code 47 will not have a message because they are entitled to full scope Medi-Cal coverage. A sample card is shown below in Figure 3.

VALID: DEC 89 10/16/89 F		ELIGIBIL REGO2
		1112233331 47
		1289P89N00000
		ELIGIBIL REGO2
02-47-1234567-8-90 **1**		1112233331 47
REGULAR N ELIGIBILITY		1289P89N00000
FIRST ADDRESS LINE		ELIGIBIL REGO2
SECOND ADDRESS LINE		1112233331 47
CITY CA 95814		1289P89N00000
MEDSID 111223333		ELIGIBIL REGO2
*101 1234		1112233331 47
		1289P89N00000
		ELIGIBIL REGO2
SOC: 0000 O/C:N		1112233331 47
F015		1289P89N00000

Figure 3. Sample batch-issued 185 Percent program Medi-Cal I.D. card.

<p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p> <p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p> <p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p> <p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p>	<p>MEDICAL IDENTIFICATION CARD (HAC 3071)</p> <p>PLEASE SIGN AND DATE THE BACK OF THIS CARD</p> <p>REGULAR N ELIGIBILITY VALID DEC, 1989</p> <p>RECIPIENT- ID 111-22-3333 DOB 10-16-1989</p> <p>SEX F</p> <p>COUNTY ID 02-47-1234567-8-90</p> <p>SSA# 111223333</p> <p>OTHER COVERAGE N</p> <p>DISTRICT MEB</p> <p>CASEWORKER TEST</p>
<p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p> <p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p> <p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p> <p>*ELIGIBILIT RES *ELIGIBILIT RES</p> <p>M112233331*02 47 1112233331*02 47</p> <p>M1289 MEDICAL *89 F4 11289 MEDICAL</p>	<p>MEDICAL IDENTIFICATION CARD (HAC 3071)</p> <p>PLEASE SIGN AND DATE THE BACK OF THIS CARD</p> <p>REGULAR N ELIGIBILITY VALID DEC, 1989</p> <p>RECIPIENT- ID 111-22-3333 DOB 10-16-1989</p> <p>SEX F</p> <p>COUNTY ID 02-47-1234567-8-90</p> <p>SSA# 111223333</p> <p>OTHER COVERAGE N</p> <p>DISTRICT MEB</p> <p>CASEWORKER TEST</p>
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Figure 4. Sample online-issued 185 Percent program Medi-Cal I.D. card.